4 Square Financial Literacy Partners, Inc.

Federal Benefits Data Collection Form

****SEE ATTACHED CHEAT SHEET PAGE 5+**** **WORKSHOP ATTENDING?____________________**

Helpful Sources of Data for Completing This Form:	
Employee Stated Data (**ESD)**	Personal information provided.
Leave and Earning Statement (**LES**)	Log in to your account at https://www.employeeexpress.gov
Thrift Savings Plan Statement (**TSP**)	Log in to your account at https://www.tsp.gov
Social Security Statement (**SS**)	Get an estimate at http://www.ssa.gov/oact/quickcalc/
Personal Statement of Benefits (**PSB**)	Log in to your account at https://www.employeeexpress.gov
Record of Military Service (**DD214**)	Provided upon leaving military.

Retirement Eligibility

Employee's Name: ____ DOB: ______/_______/________ ESD

Spouse's Name: ____ DOB: ______/______/_________ ESD

Address: __________________________________ City/State/Zip: ___________________________ ESD

Contact Phone: ______________________________ Best time to reach you: _____________________ ESD

E-mail Address: ______________________________ Associate: _____________________________ ESD

Federal Agency: _______________________ Office Location: ______________________________ ESD

Marital Status: ☐ Single ☐ Married ☐ Divorced Anniversary Date: ______/______/_________ ESD

Children: ☐ Yes / ☐ No If Yes, names and DOB:______________________________________ ESD

Retirement Service Computation Date (RSCD): ______/_______/________ PSB/LES ☐ Includes Military Buyback

The RSCD is the date used to determine retirement eligibility and used in the computation of the basic retirement annuity. This is not the same as the "SCD for Leave" typically found on the LES. The RSCD only includes periods of service which someone contributed to the CSRS or FERS retirement system (i.e. a regular career appointment, military time which a deposit was made, non-deduction service for which a deposit was made, etc).

Retirement System (check one):

☐ CSRS
☐ CSRS Offset
* If a CSRS Offset, date first became CSRS Offset: ______________ ESD
☐ FERS
☐ FERS Transfer* LES/PSB
* If a FERS Transfer, Transfer Date: ______________ ESD

Employee Type (check one):

☐ NATCA Air Traffic Controller PSB
☐ NATCA Region X PSB
☐ Other: ______________________ ESD

Retirement Type (check one):

☐ Regular = Traditional retirement (most people fall into this category, including ATC leaving federal service prior to mandatory retirement age (56), and those FERS retiring under "Minimum Retirement Age (MRA + 10").

☐ Optional = Offered an "Early out" because of reductions-in-force (RIF), or agency reorganization.

☐ Mandatory = Special Provisions (ATC) who wish to stay until forced to retire. Air Traffic Controllers must retire by age 56. ESD

→ Desired Retirement Date: ______/_______/________ ESD
FERS end of (birth) month, CSRS up to 3rd of the month

Military Service

Do you have active duty military service? ☐Yes / ☐No From _______________ To _______________ ESD/DD214

Have you made a deposit for your active military service? ☐Yes / ☐No ESD

Did you retire under an active duty military retirement? ☐Yes / ☐No ESD

Do you have reserve military service? ☐Yes / ☐No From _______________ To _______________ ESD/DD214

Have you made a deposit for your reserve active duty military service? ☐Yes / ☐No ESD

Do you expect to retire under a reserve military retirement (Chapter 67, Title 10)? ☐Yes / ☐No ESD

DD214 included? ☐Yes / ☐No

Federal Part-Time Work

Do you have any federal civilian part time work after 4/7/86? ☐Yes / ☐No ESD

If yes, start date of part time work: ______________________ End date: ____________________

Average hours per week _____________ Average Salary per Year $ ___________________ ESD

Temporary Civilian Service

Do you have any non-deduction (temporary time) service? ☐Yes / ☐No ESD

Dates: From ________________ To ________________ Amount of Deposit Owed (if known): $ ________________ ESD

Have you made a deposit for this service? ☐Yes / ☐No ESD

Breaks in Civilian Service

Did you ever have a break in service? ☐ Yes / ☐No ESD

Did you withdraw your annuity contributions? ☐Yes/ ☐ No ESD

Date of Withdrawal: ___________________ Amount of Withdrawal: ____________________________ ESD

Have you re-deposited these contributions? ☐ Yes/ ☐No ESD

Dates of Service Time Withdrawn: From (mm/dd/yy) _______________ To (mm/dd/yy)______________

Sick Leave

CSRS/FERS Sick Leave saved to date (hours) ____________________ LES

CSRS/FERS Sick Leave hours **EARNED** each pay period (hours - biweekly): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ESD

CSRS/FERS Sick Leave hours **TO SAVE** each pay period (hours - biweekly): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ESD

High Three Average

Employee's Current Annual Salary $__________________ LES/PSB

Employee's Expected Annual Salary Increase (%) Each Year: ____% ESD

Typically, the salary on the LES includes base pay and locality pay for General Schedule employees.. This is located on your paystub at the top under "salary".

Survivor Benefit

Estimated High 3 Increase per year: _______% ESD

Should be the same percentage entered on the High Three Form (Employee's Expected Annual Salary Increase (%) Each Year: ____%)

Annual Cost of Living Annuity Adjustment in Retirement: _______% ESD

CSRS: 0% to 100% _______% (100% = 55% annuity) FERS: 0%_____, 25%______, or 50%______ ESD

A federal employee must elect at least a minimum survivor benefit (CSRS 1%; FERS 25%) to retain federal health benefits for their surviving spouse when the federal retiree dies.

Social Security – FERS Supplement/CSRS Offset

Monthly Social Security Benefit Estimate at Age 62 $ _______________ SS

This is an estimate only and assumes continues employment at current income to age 62.

Social Security Start Age: _____ ESD

Annual Social Security Cost-Of-Living-Adjustments (FERS, Transfer, and CSRS Offset only) _______% ESD

To run an estimate, please visit: http://www.ssa.gov/oact/quickcalc/

Thrift Savings Plan

Current Fund Balance:

L: $_________.____ C: $________.____ F: $________.____ G: $_________.____ I: $________.____ S: $________.____ TSP/ ESD

Check one: ☐ L Income ☐ L2025 ☐ L2030 ☐ L2035 ☐ L20__ Total All Funds: $______________._____TSP/ ESD

Amount of salary to invest bi-weekly: $__________ (dollar amt) or ______% (percentage) (IRS Limit for 2023: $22,500/yr) ESD/LES

Catch-up Contribution): $ ___________ (IRS Limit for 2023: $0 to $7500/year) ESD
An employee is eligible to make catch-up contributions starting in the year they reach age 50.

Percent to invest in each fund: Where do future contributions go? (must total 100%)
L: ________%, C: _________%, F: __________%, G: __________%, I: __________%, S: __________% ESD

Assumed Annual Rates of Return for each fund: C: ______%, F: ______%, G: ______%, I: ______%, S: ______% ESD

For reference, this website includes information on the TSP funds, including performance history for each fund: http://www.tsp.gov/rates/monthly-history.html

Withdrawal Age: Years Old _____, Months Old _____ ESD
Age at which TSP funds will: (1) be totally withdrawn, (2) monthly withdrawal will start, or (2) government TSP annuity will be purchased. An employee may start withdrawing TSP funds penalty free (not ROTH) if they retire in the year in which they turn age 50 plus 20 years of good time or any age and 25 years of goodtime(HR2146).However, if they transfer those funds prior to 59½ to an outside investment, they must wait until 59½ to start withdrawals, or be subject to IRC Section 72(t). Retirement prior to the year in which they turn 50 will be held to age 59 ½ rules for penalty avoidance under IRC Section 72(t) also. ROTH requires age 59 ½ plus 5 years to avoid penalties and taxes. Be sure to consult with your tax advisor over any questions regarding taxation and penalties

Withdrawal type (check one): ☐ Lump Sum (IRA transfer/rollover) ESD
☐ Annuity ESD
☐ Monthly Amount* ESD

If *Monthly Amount is selected, then Calculate monthly income by (one of the three methods):
_______ # of payments (i.e. 360 payments until account reaches zero) ESD

_______ Dollar amount (i.e. $2500/mo for 480 payments) ESD

_______ Life expectancy (i.e. amount and timeframe calculated by IRS tables) ESD

Reallocation of all funds into the TSP funds at beginning of withdrawal (must total 100%):
L Income: _______%, C: _______%, F: _______%, G: _______%, I: _______%, S: _______% ESD
The L Income Fund is 80% conservative and 20% aggressive (F: 6%, G: 74%, C: 12%, I: 5%, S:3%)

Federal Employees Group Life Insurance

FEGLI COVERAGE	FEGLI ELIGIBILITY
Basic: Salary rounded to next thousand + $2,000 Option A: $10,000 Option B: Round salary to next thousand x multiplier Option C: Multiples of $5,000 for spouse & $2,500 per child	FEGLI coverage in retirement is only available if enrolled for either: a) 5 full years prior to retirement date, b) the full period if employed less than 5 yrs, or

Current FEGLI bi-weekly premium: $__________(regular) + $ ___________ (optional) = TOTAL $ ___________ LES/ESD

Basic: ☐ Yes / ☐ No LES/ESD

If Yes, how much of a reduction in death benefit starting age 65 (mark one)?: None___, 50%___, 75%___ ESD
If employee does not know if they will take a reduction at age 65, suggest running a "No Reduction" analysis to show continuing coverage. This gives a baseline for exploring alternative options.

Option A: ☐ Yes / ☐ No LES/ESD

Option B: ☐ Yes / ☐ No LES/ESD

Multiples to take into retirement? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Times Salary Coverage LES/ESD

Reduce at age 65? ☐ Yes / ☐ No ESD

Option C: 1. Spouse Covered: ☐ Yes / ☐ No LES/ESD

Multiples to take into retirement? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 (multiples of $5,000, spouse $2,500 kids) ESD

Option C: Dependents Covered: ? ☐ Yes / ☐ No

Name: ____________________ Current Age:____ Coverage Eligible after Age 22: ☐ Yes/ ☐ No ESD
Name: ____________________ Current Age:____ Coverage Eligible after Age 22: ☐ Yes/ ☐ No ESD
Name: ____________________ Current Age:____ Coverage Eligible after Age 22: ☐ Yes/ ☐ No ESD

(Special needs children with disabilities recognized by the Office of Personnel Management (OPM))

Do you have any other Life Insurance? ☐ Yes / ☐ No

Carrier: ________________________________ Type: _____________________ Amount: ___________________
Carrier: ________________________________ Type: _____________________ Amount: ___________________
Carrier: ________________________________ Type: _____________________ Amount: ___________________

Federal Employees Health Benefit Program (FEHBP)

FEHBP ELIGIBILITY
FEHBP coverage in retirement is available when: 1) Must retire on an immediate annuity (can not defer annuity payments unless MRA +10), and 2) Must be continuously enrolled under FEHB for 5 years of service immediately preceding retirement

Current Biweekly Health Insurance Cost: $ ___________ LES/PSB

Average Annual Cost Increase: % ___________ ESD

Long Term Care Insurance (LTC)

Start coverage at age: _________ ESD

Plan Type: ☐ A ☐ B ☐ C ☐ D ☐ Customize

Daily Benefit Amount: ☐ $100 ☐ $150 ☐ $200 ☐ $250 ☐ $300 ☐ $350 ☐ $400 ESD

Benefit Period: ☐ 2 years ☐ 3 years ☐ 5 years or ☐ Unlimited ESD

Waiting Period: ☐ 30 days ☐ 90 days ESD

Inflation Protection: ☐ ACI 4% ☐ ACI 5% ☐ FPO ESD

View Premiums: ☐ Monthly ☐ Bi-Weekly

Premium Amount: $________________ ESD Your Maximum Lifetime Benefit: $________________ ESD

Inflation Protection:
Automatic Compound Inflation (ACI) Option: An inflation protection option that increases your benefits automatically by 4% or 5% compounded annually with no increase in premium Future Purchase Option (FPO): An inflation protection option that increases your benefits every 3rd year with an increase in premiums

Do you have any other LTC Insurance? ☐ Yes / ☐ No Company: ___________________________ Amount: ________________

Comments:

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Please fax completed form to **949-247-3570** or email to: Reports@4Squarefinancial.com. Please add to your submission with a current:

☐ Earnings & Leave Statement
☐ TSP Statement
☐ Social Security Statement
☐ DD214 Record Of Military Service (if applicable)

Thank You.

Cheat Sheet for Data Collection

As part of the NATCA retirement workshops, we have offered to provide a benefit analysis to help make the information learned more applicable and relevant to you personally. To prepare the output, we will need to collect data from you and perform an analysis. If we receive this data 2 weeks prior to the workshop you are attending, we will have this ready for you at the beginning of the session. Your data will be handled in a secure format, please feel free to black out items you would not viewed – especially Social Security numbers (always on DD214), address and any other items to maintain privacy. Your data will be reviewed by several individuals for input and analysis both in our facility and offsite specialists in cases of complicated matters. The information presented will be as close of an estimate based on the accuracy and amount of information provided to us to complete the assumptions. Of course, you should not base your financial decisions solely on this report. It is always recommended to consult with your personnel office of the Office of personnel management (OPM) 1-888 767-6738. The analysis is provided AS IS without any warranties of any kind .

Page 1: Please record your personal information as completely as possible. Address is not needed if you care to omit. Do not forget to put your Retirement Service Computation Date (RCSD) it can be found on your Leave and Earnings statement. Check the retirement system you are under and your desired retirement date.

Page 2: This data captured can help increase your retirement benefit by using past military service, buying time that you may have completed as a part time or temporary federal employee- even under another agency. If you had a break in service, you can capture that time and pay it back if your withdrew your funds in the past and if you would like to use your sick time to increase your years of service. Last, your current annual salary. For retirement calculations, only your base salary and locale pay are used in the calculation, and it is recorded under your salary information on your Leave & Earnings statement.

Page 3: Please enter your best guess on base salary increases over time and the annual cost of living while in retirement. If you neglect to enter, we default on 1.5%. Please enter the percentage for survivor benefit you case to illustrate. For CSRS you can leave a minimum of $3600 per year to a maximum of 55%. For FERS, you have just three choices: 0%, 25%, 50%. You must leave some minimum to continue FEHBP for surviving spouses. Please enter your estimates of Social Security. If you wish, you can also send a copy of the statement for ease. Be sure to black out the address and any remaining number for security purposes.

The Thrift savings plan has a few entries: Where are your funds now, where do your new contributions go, how much are you putting in, at what rate would you like to see it grow between now and retirement (we will default to a 3% overall rate if you omit) and how would you wish to see these funds used once retired. If you are unsure, just check “Lump Sum”. If you would like to have your income calculated, check one of the boxes at the bottom of the page. If you are unsure, please just submit a current copy of your TSP statement along with this form and we can all the data from your statement.

Page 4: Please enter your FEGLI elections. If you are unsure, we can take it from your Leave and Earnings Statement and enter the data. Elect what your option would be at retirement: to take all FEGLI, take no FEGLI or a reduction. Enter your current FEHBP premium and an annual cost of living. If you are unsure, we commonly see between 5%-8% increases per year.

Page 5: Please Enter your Long-Term Care elections if you chose to purchase the Federal program. Feel free to add any comments that might help us understand your data and if you did experience a divorce, please note it as we will remind you of the procedure to file proper paperwork to the appropriate areas to record and file. Improper filing of your court order to split your retirement benefits (Qualified Domestic Relations Order- QDRO) can hold up your retirement benefit payments.

Please forward all information to the fax number on the bottom of page 5 and any other statements that might help for an accurate analysis. If you fax it in, your fax machine will give you a receipt and the fax will go to a report file held securely in our email system. Should you email it in, you will receive an automatic response that is received. If you do not get a receipt via either method, please call us at 855-628-2238.

Your reports will be emailed to you prior to the session. If you don’t receive them, please first check your spam folder, many times your service will recognize our email address as spam. If not received prior to the session, please call 855-628-2238 and we will trouble shoot it for you.

Thank you and enjoy the sessions!